

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 OCT 20 AM 11:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA 32399-0001 610506 - 90007 - 80													
DOCUMENT # <u>P98000049028</u>																	
1. Corporation Name <u>WD and Associates, Inc.</u>																	
Principal Place of Business <u>6866 Hayter Drive</u> <u>Lakeland Florida</u> <u>33813</u>			Mailing Address <u>6866 Hayter Dr./Lakeland</u>														
2. Principal Place of Business 21 <u>6866 Hayter Drive</u> Suite, Apt. #, etc.		2a. Mailing Address 28 <u>6866 Hayter Dr./Lakeland</u> Suite, Apt. #, etc.		4. FEI Number <u>5935 22920</u>													
22. City & State 23 <u>Lakeland Florida</u>		27. City & State 28 <u>Lakeland Florida</u>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required													
24. Zip <u>33813</u> 25. Country <u>USA</u>		29. Zip <u>33813</u> 30. Country <u>USA</u>		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees													
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent														
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <u>Katherine Davies</u> DATE <u>August 99</u>			81. Name <u>WD and Associates, Inc.</u>														
			82. Street Address (P.O. Box Number is Not Acceptable) <u>6866 Hayter Drive</u>														
			83. City <u>Lakeland</u> 84. State <u>Florida</u>														
			85. Zip Code <u>33813</u>														
12. OFFICERS AND DIRECTORS																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE <u>President ☐ DELETE NAME <u>William R. Davies</u> STREET ADDRESS <u>6866 Hayter</u> CITY-ST-ZIP <u>Lakeland FL 33813</u> </u></td> <td style="width: 50%;"> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP </td> </tr> <tr> <td> TITLE <u>Katherine Davies</u> ☐ DELETE NAME <u>Katherine Davies</u> STREET ADDRESS <u>6866 Hayter Drive</u> CITY-ST-ZIP <u>Lakeland FL 33813</u> </td> <td> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP </td> </tr> <tr> <td> TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP </td> </tr> <tr> <td> TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP </td> </tr> <tr> <td> TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP </td> </tr> <tr> <td> TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP </td> </tr> </table>						TITLE <u>President ☐ DELETE NAME <u>William R. Davies</u> STREET ADDRESS <u>6866 Hayter</u> CITY-ST-ZIP <u>Lakeland FL 33813</u> </u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE <u>Katherine Davies</u> ☐ DELETE NAME <u>Katherine Davies</u> STREET ADDRESS <u>6866 Hayter Drive</u> CITY-ST-ZIP <u>Lakeland FL 33813</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.																	

SIGNATURE:

Katherine Davies Katherine Davies August 20, 1999 941-644-1539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)